



**King County Mental Health Chemical Abuse and Dependency Services Division
2002 Briefing Paper**

INVOLUNTARY COMMITMENT CAPACITY FOR JUVENILES

BACKGROUND:

Involuntary commitment of juveniles ages 13 through 17 is authorized under Chapter 71.34 RCW. The only facility certified as an involuntary treatment facility for juveniles is Fairfax Hospital in Kirkland. When Fairfax Hospital is full or refuses to accept a juvenile for admission due to the juvenile's history of violent behavior, the County Designated Mental Health Professional (CDMHPs) may have to detain the child to a facility across the state, to an adult treatment facility, or hold the child at the Harborview Crisis Triage Unit while waiting for a facility to open up a bed.

ISSUES/CHALLENGES:

- There are too few facilities able to accept youth who are being involuntarily detained. Fairfax Hospital in Kirkland, the largest facility, is the primary involuntary facility for King, Snohomish, Skagit, Whatcom, and Pierce counties. Over 40% of all involuntary admissions come from outside of King County.
- Some adolescents have "burned their bridges" by acting out so violently at Fairfax Hospital that they are placed on a "no-admit list". Because these children are so difficult, no other facility in the state is willing to accept them. Many of these adolescents are developmentally disabled and would benefit most from treatment from developmental disability professionals, but the DDD system has no resources or legal authority to place these children in appropriate treatment facilities.
- Fairfax and other adolescent treatment facilities are often full because they are forced to keep children for extended periods of time waiting for openings in Children's Long-term Inpatient Program (CLIP) beds. Most of these children do not require hospital level of care, but do require the residential level of care provided in the CLIP system. They cannot be placed, however, because of the long waiting lists for CLIP beds.
- In the last two years, 13 adolescents have had to be sent across the state to Spokane or Richland because no local facility was available. A number of adolescents have had to spend many hours in the Harborview Crisis Triage Unit waiting for a bed to open up somewhere in the state. In May and June of 2002, six adolescents were admitted to adult psychiatric units in King County because no facility certified for involuntary treatment for children was available.

RECOMMENDATION/LEGISLATIVE ACTION:

- MAA should increase the reimbursement rate for hospitals that provide involuntary treatment for juveniles.
- We recommend that the State MHD convene a series of meetings with key stakeholders (e.g. RSNs, hospitals/Evaluation & Treatment facilities, CLIP, DDD, etc.) to develop solutions to the problem of inadequate involuntary treatment bed capacity for adolescents.